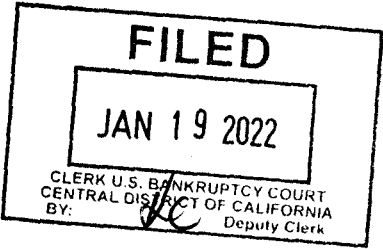


Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Mary Alida Luzuriaga 725 S. Valinda Ave West Covina, CA 91790 Ph. 626 825-6764 MAVLuzuriaga@gmail.com	FOR COURT USE ONLY 
<input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - **SELECT DIVISION**	
In re: Mary Alida Luzuriaga	CASE NO.: 22-10291-SK CHAPTER: Chapter 13 DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)] [No hearing required]
Debtor(s).	

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

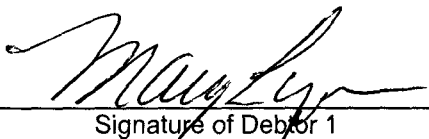
Declaration of Debtor 1

1. ☐ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 1/19/2022 Mary Alida Luzuriaga 
Printed name of Debtor 1 Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.